b. Orthopedic Section

Mr. Alham, Program officer for orthopedic technology , UNDP/CDAP led the discussion on the review of the results of the previous two national workshops in the field of orthopedic technology:

Revision of 1st and 2nd National Workshops—ortho section

N	Issues	Agreement	Future Action
1	**Training:** ♦ Regular ♦ For new comers and trainers who have worked for less than four years ♦ **Upgrading** For those with more than four years experience	Will be upgraded to technicians (3 years training) 2 years training upgrade to technicians	
2	**Curriculum**: ♦ Regular training ♦ Upgrading training	3 years ICRC curriculum was accepted + 45 minutes period of Islamic teaching (2 years class + 1 year practical) The same ICRC curriculum was approved for this level as well (first two years)	
3	**Entry qualification:** a) Regular training	12 grade compulsory for new comers (if they do not have this qualification, should undergo level examination)???	

	b) Upgrading training	Four years and above work experience + 12 grade education	
4	**New Position After:** ♦ Regular training ♦ Upgrading training	Technician Technician	
5	**Teaching Materials:**	♦ Prosthesis – ICRC ♦ Lower limb orthosis – SGAA ♦ Trunk orthosis – HI ♦ Upper limb – CDAP	
6	**Standardization:**	♦ need change in technology – SGAA will need to train its technician in ICRC ♦ ICRC supply component to others	
7	**Cooperation in procurement and supply:**		
8	**Statistics:**	CDAP can coordinate compilation of data of all agencies and give feedback to all.	Data to be send to CDAP Common format to be agreed
9	**Disability and gender:**	More disabled and women to be trained and employed.	
10	**Teacher training:**	Ortho section is not in the position to do this.	Orhto section may be in position to do that now.
11	**National Association:**	Will be established in future to be organic.	Is it the time ?

12	National recognition	A committee was assigned to follow the issue with ministry of higher education after both of the sections submit final curricula to them.. Member: Dr. Hamdard –IIME Harri Lammi – IAM Alberto Cairo – ICRC Leon Vander – SGAA	
13	Level of Staff	Bench worker – trainee Technician –2 Technician –1 Senior technician	

Training plan for the CDAP Orthopaedic Workshops Technicians

Position/level	Number		Previous training/gap		Training need/gap	Training option
	M	F	Practical	Theory		
Technicians need upgrading to get certificate	14	1	Yes	**Nil**	One year theory	1. IAM + a teacher for specific subjects. 2. Joint co-ordinated training??
Trainees	3	2	Average 6 months	Nil	6 months practical and theory	1. By ICRC Kabul.
welders	6	0	Yes	Nil	One month training in lathe machine to be able to use the lath machines and makes some components.	1. SGAA Jalalabad

6. Summary of Group Discussion

In the plenary session participants agreed on the following topics for discussion under the two physio and ortho groups:

1. Staff levels
2. Training
    - Upgrading
    - Curriculum
    - Entry Qualification
    - Training Materials
    - Resource people
    - Training of female staff.
3. National Recognition
4. Standardization and quality improvement
5. CIDA Contributions in training of orthopedic professionals on national level
6. Employment its gender and disability aspects
7. Statistics/National reporting
8. Physiotherapy and orthopedic national Associations
9. Charging on non DP in Physiotherapy services
10. Technical task forces.
11. National cooperation and coordination

A. Physiotherapy Group

Going into details of the previous national workshops and given the present prevailing situation the group agreed on the following guidelines/Action points for the work of the Physiotherapy technical taskforce:

Upgrading

1. ***Male PTAs have to be upgraded to PT in PSK with needed support from agencies.*** Agencies are to send the list of their PTAs whom they want to be upgraded to PT level, so that PSK could prepare an integrated national training plan/program.

2. The ***upgrading process of female PTAs is to be postponed up to year 2001*** by then we will have trained female physiotherapy teachers who can further the task.

3. Female and male ***Teacher Training is agreed to be organized in PSK/IAM.*** Agencies are requested to provide IAM/PSK with the list of those PTs (male and female) whom they want to be promote to the level of physiotherapy teacher.

   There was a suggestion to request ***HI to provide one female Physiotherapy teacher*** on country level so that she can move region to region and upgrade female staff on at regional or local levels. The present expatriate and national female staff available are not in the position to move out of their duty station.

SGAA, due to their urgent need for female physio personnel, will arrange their own 2 years PT training program in Jalalabad. They may also arrange a PT training for male staff if they get funds.

Curriculum

1. CBR and field orientation to be incorporated into the existing agreed curriculum for PT level. The curriculum is presently in use by PSK and is recognized by the government.
2. PTT curriculum is under process to be standardized and finalized (available with PSK).
3. PTA curriculum needs to be designed based on available materials with IAM/PSK and GUARDAINS.
4. Physiotherapy technical taskforce is required to develop a realistic timeframe for all the above tasks. It should be noted that ***agencies would prefer the finalization of all curriculums by the end of year 2000.***

Entry Qualification:

Entry qualification for all levels were agreed in 2nd National Workshop (see minutes of the 2nd National Workshop) . the Taskforce will still need to take a flexible decision about those who have ten years experience but are not 9-class graduate. This category needs to be accommodated.

Training Materials:

1. There is plenty of materiel at PSK and SGAA and they need to be used. If the taskforce sees any need for further revision they can decide accordingly.

2. The taskforce should make sure that the materials are appropriate for the Afghanistan situation.

3. Efforts to be make to translate textbooks and other materials in to local languages. CDAP is ready to contribute in this regard. Materials agreed by the taskforce for national use could be referred to CDAP for translation.

4. List of available materials to be exchanged among many Agencies in order to utilize each other resources. Mr. Wahdat from CDAP will send a standard form to be filled by all agencies and returned back to him for compilation and distribution to the agencies interested.

National Recognition:

a- PT curriculum is recognized by the government.
b- PTT curriculum is under process to be recognized (PSK).
c- There should be proper place for physiotherapy personnel in government hierarchy for the physiotherapy personnel. Task force needs to follow up this issue for national recognition.

Employment :

There was a full agreement and strong commitment towards the recruitment of women and disabled persons in the group. The group therefore requested the taskforce to think about ways and means to increase the number of female and disabled employees.

Standardization Quality improvement :

1- Standardization is almost achieved in the physiotherapy section. Efforts should be made to maintain and improve it further.
2- Task force to study possibility of giving quality control responsibility to the National Physiotherapy Association. The Association was informed to take this issue to their regular meeting for discussion and consensus. The Association needs to establish a Quality Control Team and a practical action plan and procedure to be followed by the team.

Charging for non OP:

Charging on non disabled people is under discussion since very long. Main objective behind this is to reduce number of non DP beneficiaries and financially sustain physio clinics at rural level. Mr. Razi Khan from CDAP presented a brief guideline for charging on non DP which was neither agreed nor rejected. In the plenary discussion there was consensus among the group that having a common unified policy could not work in the present situation and **agencies should adapt individual policies appropriate to their own situation and organizational circumstances**.

National Association of Physiotherapy in Afghanistan

Member agencies have an obligation to provide the association with moral and financial support. The Association is about to be recognized on international level (WCPT) and if there is need for any funding for some practical activities they can do independent fundraising. The international recognition will require from the association some practical steps to be taken , such as organization of a professional seminar in Kabul. The association needs to make efforts for national recognition as soon as possible.

There was a recommendation for inclusion of some females in this association.

B. Orthopaedic Group

Some of the conclusions of 2nd NW on **regular training** were disregarded , because it needs an institute which does not exist at the moment.

It is an excellent idea to have an **institute to train orthopaedic** technicians, but this is not the time.

Present Afghan priority is to focus on **upgrading** of those who work in the orthopaedic workshops in the country.

The **entry qualification** needs to be tailored further. The taskforce to work and agree on the entry qualification for upgrading.

Some general entry qualifications can be:

- Basic education (to discuss)
- Length of experiences (Professional)
- Personal qualifies and skills.
- Results of the assessment committee

Other specific criteria to be developed by the taskforce.

Given the emergence and adverse prevailing situation , the **upgrading process** should be short term e.g. only 6 month to one year.

The **curriculum** agreed in the 2nd National Workshop will still be valid.

Standardization of components was an issue agreed by all due to the following rationales :

- Variation in components produced.
- Repair difficulties due to variation.
- Problems of compatibility during modification and repair
- Variation cause tendency and repulsion of services on the part of disabled people.

But, it was understood that ICRC is not in a position to change its present component production because it is developing this capacity on local level. On the part of CDAP, GUARDIANS and SGAA they have already standardized components production and wish to further improve it.

Training

About the training the group recommend the taskforce to achieve the following targets:

- the curriculum to be recognized by end of year 2000
- training materials to be developed by the end of year 2000.
- design the structure of training courses by the end of year 2000
- communicate a comprehensive interagency training package with CIDA for funding and technical support.
- prepare a comprehensive list of candidates for this training.

7. Formation of task forces

Findings and recommendations of the groups were presented in the plenary session for open discussion . Comments and suggestions from the participants were amended. The plenary session

took unanimous decision that these issues need to be followed by technical interagency taskforces.

Physiotherapy Taskforce:

IAM/PSK	Judy Thoren ---Team Leader
IAM/PSK	Aziz Ahmad
CDAP/UNDP	Razi Khan
SGAA	Shah Mohmood
GUARDIANS	Zareen Khan
KJRC	will nominate soon
MOPH	Waheed
ICRC	Najmudden

First meeting of this taskforce is planned for June 3rd 2000 , at IAM Kabul at 8:30 am

Orthopedic taskforce:

CDAP/UNDP	Alham ---- Team Leader
ICRC	Alberto Cairo
ICRC	Lisle
GUARDIANS	Daud
KJRC	Sayed Nabi
SGAA	Qamar Gul
SGAA	Atta Mohammad

First meeting of this taskforce is planned for August 1st and 2nd 2000 , at ICRC Kabul.

8. Statistics and national data collection

Mr. Wahdat from CDAP/UNDP briefed the participants about the background of the statistics issue during the past two national workshops. He emphasized the role of a unified national data collection system which can help the aid agencies and donors to prioritize the needs accordingly. He stressed that the system should start from unification of data collection tool/forms and in the second step the system should work on a national mechanism of compilation and analysis of the output and aggregate data.

Mr. Wahdat screened a brief presentation on CDAP/UNDP new data management package which he mentioned is yet in the process of development. A fundamental component of this system, the Personal Information Form (PIF), he said could be used by all agencies work for rehabilitation and integration of disabled people . This form will in future lead to a baseline data on the status of disability in Afghanistan, precisely in the areas covered by the agencies involved. Wahdat, among other problems, specially mention about insufficient funds and lack of expertise in this field.

Dr. Richard Montanari , Senior Health Policy Advisor, ICRC Geneva , who participated in the workshop, was of the opinion to simplify the data collection tools and as much as possible make it integrated and comprehensive to meet the primary requirement of all those agencies involved in health and disability sector. There was a suggestion to share all data collection forms with WHO and UNICEF who presently are working on a unified HIS system. But the question for disability section is:

to decide whether disability is a health issue?
And secondly does the present HIS system meet all needs of the disability sector?

Wahdat proposed the following two steps to be taken to this end:

Step one:

- by sharing agencies existing reporting formats design a unified reporting form for gauging progress and activities on national level.
- Common format to know available resources on the national level.

Step two:

- Agree on a national focal point for data management
- Develop a mechanism for data compilation, process and analysis.

The two mentioned steps will lead to a rational and organic system of a national disability data pool.

Decision :

It was agreed to follow a gradual approach towards development of a National Disability Database. For this it was decided to :

- send agencies' present reporting forms , particularly that of the physiotherapy and orthopedic sections to the Team Leader of the technical taskforce **by 15 June 2000** this will be discussed in the first meeting of each taskforce.
- Based on these reporting forms the taskforce has to develop a common national reporting form for reporting and data collection at national level.
- The agreed national reporting forms will then be sent to all relevant agencies for national reporting purpose.
- Each taskforce has to agree on an agency as a national focal point for compilation of data from all agencies.

Mr. Wahdat presented the two reporting formats for physiotherapy and orthopedic sections to be used by all relevant agencies for national reporting purposes (Annex—A).

A Personal Information Form (PIF) which plays a central role in CDAP data management system was shared with the participants (Annex ---B).

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9. CBR strategy, strengths and weaknesses

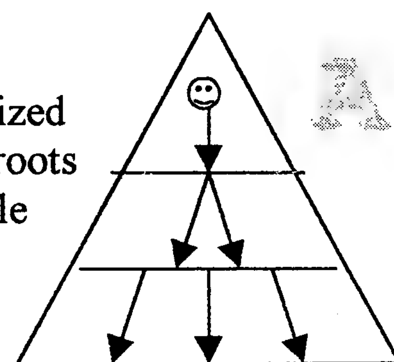
Presentation on CBR and its adaptation to the present complex Afghan situation was requested by some of the participant agencies who wanted to know how it works in this country where very few referral systems are in place. Mr. Farooq Wardak, National Program Manger CDAP, elaborated on CBR background and its strengths and weaknesses for countries like Afghanistan.

Background :
In 1978 in Alamata ILO, WHO and UNESCO together questioned the costly approach of western health care and its limited access to the most needy and 'hard-to-reach' communities. The outcome of this conference gave birth to an approach, relying on local solutions for local problems through local resources which was then called Community Based Rehabilitation (CBR). The main doctrine behind this major shift was to 'increase the coverage with limited number of resources.

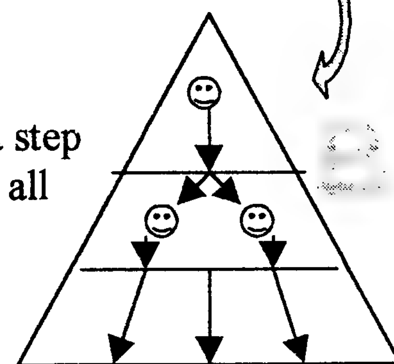
Mr. Wardak explained the four commonly used approaches as follows:

A. Institution Based Rehabilitation
B. Outreach Rehabilitation
C. Community Level Rehabilitation
D. Community Based Rehabilitation

Institution Based Rehabilitation
Where all need assessment and system development initiatives are centralized and decision on the part of families are taken at central level. At the grassroots level people are never part of planning and decisions, they rather are simple service recipients.

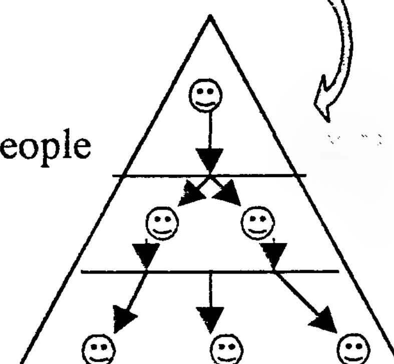


B. Outreach Rehabilitation
In this approach main planning and decisions are taken at central level.
To make the service more easily available it expands its service network a step nearer to the people and establishes some outreach centers, but again with all decisions taken at central level.

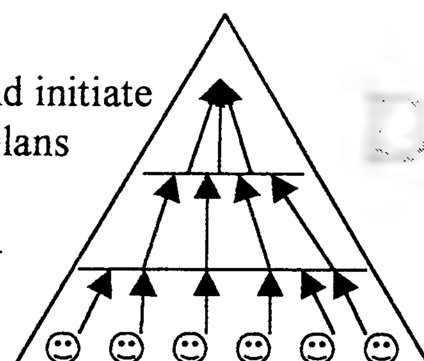


C. Community Level Rehabilitation
In the community level rehab. system service network is moved closer to the recipients. Centers are established close to the communities, but still people have very little say in the 'to have' and 'to do' matters of the system.

All the above approaches are kind of imposed strategies where people are given little say in the way they are assessed and helped. They are simply not part of the system which exists because of them.



D. Community Based Rehabilitation



In this model the real players are the people who take the initial step and initiate a process of needs and rehabilitation on the own level. The needs and plans come down from the people and communities and go up to the outside supporters who play only the role of energizer and external stimulators. People, in this system, will only refer their issues to the upper levels whenever there is need for any outside assistance. Any outside assistance here means support of the ideas and solutions originated at the communities and by the communities.

Mr Wardak explained some strengths and weaknesses of CBR as follows:

CBR, its possibilities and limitations

<u>Positive achievements of CBR:</u>

- Create self-employment.
- Build self-confidence and reduced dependence
- Positive change in attitudes
- Stimulate development
- Integrate PWDs into social and economic development
- Encourage donors to support more community based activities
- Enabled people with disabilities to display their talents and ability
- Transfer skills and appropriate technology

What then of its limitations?

If not properly planned and implemented, CBR could develop several problems. The following are some of these:

- It could turn into a top-down project.
- CBR may not be the priority of the community and may compete for scarce resources
- Suspicion may exist among the PWDs that they are being manipulated and used by the non-disabled persons.

- Donor resources can undermine local initiatives and resources

- Politically motivated projects aimed at securing political support could affect CBR negatively (e.g. a wheel-chair donated to a deaf person by a politician who had no knowledge of the latter's needs).

- Difficulty of coordination arising out of lack of cooperation from the individual, family or the community.

- Insufficient number of adequately trained CBR community workers could lead to poor conception, implementation and supervision of projects. Sometimes it is also said that CBR is a second hand program, because there is no quality in that.

- Poor Quality of service, less visibility

- Lack of referral resources

CBR as a Network of all stakeholders

with focus of ownership in its core

Government

Aid Agencies

Community

Family

DP

Problem

Management

Monitor

Ownership

Flexibility and adaptability to local situation and use of common sense.

Strategy

Local **solutions**
for Local **Problems**
with Local **resources**
Local **capacity**
and Local **management**
Supported by **external stimulus**



Sustainable
Local Rehabilitation Network

Action Guidelines for Stakeholders

A. *For Persons with Disability*

They must:

- Organize themselves to advance their own case.
- Consider the possibilities with an open mind.
- Develop leadership among themselves.
- Fight against prejudice and discrimination.
- Lobby government to adopt WHO and ILO Convention.
- Raise awareness of all those around them on the attitudinal and institutional barriers against their integration.
- Overcome fears against prejudice that marginalise them.
- Insist on mainstreaming their activities, and not be treated to isolationist programs.
- Insist on the participatory approaches to planning of programs and projects.
- Build broad solidarity for action, and build active networking strategies.

B. *For the Community*

The Community should:

- Encourage progressive change in the attitude toward PWDs. Integration should be sought not for its own sake but also to change the environment. Integration must be undertaken in an interactive manner. The PWDs also have a lot to contribute to the community. It is not a one-sided affair.
- Work toward full participation of the PWDs, so they recognize themselves as part of the community.
- Prepare itself to integrate the PWDs in their regular development efforts. Build upon community institution. Identify and actively overcome institutional barriers.
- Encourage "practical skills" among the able-bodied people:
- to listen
- to be sensitive to the needs of people with disabilities

- wait to be asked for help, or ask if help is needed
- restrain from being overprotective

- facilitate accessibility

- modify physical and architectural aspects of public facilities (e.g. toilets, doorways, etc.)

C. *For the Government*

The Government should:

- Facilitate the integration of disabled in mainstream schools. (In India a law has been passed saying no school should refuse the admission of a person on the ground of disability, refusal on such ground is enough for the government to cancel its recognition and cease its fund for the school).

- Provide for the training of PWDs with skills that would enable them to live amongst their communities with dignity, and where possible, this training should be integrated with able bodied persons.

- Facilitate the acquisition of appropriate aids for people with disabilities to take on gainful occupation within the communities.

- Recognize the work done by NGOs in the field of CBR and support their efforts, for example through enabling them to import equipment and tools without import duties.

- Provide guidelines and monitor the activities of NGOs.

- Provide adequate backup and referral services in government hospitals and village clinics.

- Provide adequate extension services to CBR projects of disabled peoples that are based on agriculture, livestock management and fishing.

- Provide basic management skills and extension services to PWDs to enable them to run their businesses.

- Empower local authorities with finance and enabling legislation to facilitate CBR program.

D. *For NGOs working with PWDs*

They should:

- Be sensitive about matters of concern to the PWDs in their development programs.

- Involve the community in planning and implementation of development projects.

- Ensure active participation of PWDs in development projects.
- Play a facultative, not directive, role.

- Be cautious about killing local initiatives through over-funding or through creating false expectations.

For proper coordination, the local and international NGOs need to consult with one another before getting into a CBR project. The consultation must continue on a regular basis.

10. How to share resources and expertise

Transfer of knowledge and experience and cross-fertilization was one of the major objectives of national disability workshops. In this workshop particular attention was invited to the utilization of expertise and resources available within Afghanistan. Mr. Alberto Cairo from ICRC stated that during the past few years the internal capacities developed in Afghanistan are exemplary and provide even learning opportunities for other countries. He emphasized utilization of our own capacities rather than asking for external expertise which in most cases has failed to be of practical use for this country of complex emergencies.

Ultimately it was decide to:

- Visit each others projects, where active interaction should lead to active learning process.
- Tailor made workshops to be arranged and participated by professionals from agencies concerned.
- ***Mr. Qamar Gul and Mr. Atta Mohammad from SGAA*** volunteered themselves to arrange such workshops.
- To facilitate utilization of each others resource, agencies have to send list of all available human and material resources ***to Mr. Wahdat at CDAP Peshawar office***. Mr Wahdat will provide all agencies with a common format for this purpose and will be circulated to all participants agencies.

Program

3rd National Workshop on

Physiotherapy and Orthopedic Services

1st and 2nd May 2000 , IAM Kabul

Participant agencies ICRC, IAM, GUARDIANS, CDAP/UNOPS, SGAA, KJRC, HI, MoPH

Aim:

To pave the way towards national coordination, standardization of services and improvement of quality.

Objectives:

1. To identify and prioritize all training needs in physio and ortho.
2. To agree on common curricula for all levels in physio and ortho sections.
3. To design and agree on a joint action plan for training.
4. Obtain national recognition for all level of physio and ortho professionals.
5. To seek ways for utilization of each others resources and expertise.
6. To formulate a common data collection tool and establish a mechanism for data compilation.

09 am	Opening Review of 1st and 2nd National Workshops **Topics:** 1. Training 2. National recognition 3. Employment aspects	Farooq Wardak Razi Khan and Alham	**Day one** Plenary
10: 30	**Tea Break**		
11 am	Open Discussion Topics : • Training : Upgrading needs, Curriculum., Entry Qualification, Training Materials, Resource People • CIDA national training package • National recognition • Employment issue/female and disabled people • Standardization and quality improvement		Plenary Facilitator …………
12:30pm	**Lunch**		
1:30pm	• Participants divide into two groups (ortho and physio) to discuss above topics. • Suggestions and guidelines to technical task force on the discussed topics .		Group work
2:30pm	**Tea Break**		
3 pm 04:30	• Group work continues		Group work

8:30am	• Presentation and agreement on group findings. • Agree a draft action plan for ortho and physio sections. • Formation of task forces for both sections.		**Day two** Plenary
10: 30	**Tea Break**		
11 am	Statistics and national data collection Agreement and future action	Wahdat	Plenary
12:30pm	**Lunch**		
1:30 pm	• CBR strategy, strengths and weaknesses, adaptability in Afghanistan situation. • Suggestions and action points.	Farooq Wardak	Plenary
2:30pm	**Tea Break**		
3 pm 04:30	How to share resources and expertise Physio Association Service charges on non DP clients. Closing	 Judy Thoren/ IAM Razi Khan/ CDAP	Plenary

National Report of Physiotherapy Services in Afghanistan

Agency:…………….. Reporting Period: ………………………. Sign:……………………….

Annex -A

No.	Clinics Center	Province	District	Physio Staff								Beneficiaries			
				PTTR		PTA		PT		PTT		Disabled		Non	
				M	F	M	F	M	F	M	F	M	F	M	F
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
	Total														

List of participants

Farooq Wardak	UNDP/OPS/CDAP	Facilitator	uncdap@brain.nt.pk
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Shah Mohmood	SGAA		
Qamar	SGAA		
Atta Mohammad	SGAA		
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M. Muneer	MOPH		
M. Daud	GUARDIANS		
Zareen Khan	GUARDIANS		
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Waheed	MOPH		
Najmudden	ICRC		
Alberto Cairo	ICRC		
Richard Montanari	ICRC Geneva		

Abbreviations

MOPH	Ministry of Public Health
IIME	Institute of Intermediate Medical Education
CBR	Community Based Rehabilitation
CDAP	Comprehensive Disabled Afghans' Program
IAM	International Aid Mission
PSK	Physiotherapy School Kabul
PWD	Persons with disability
DP	Disabled People
WCPT	World Council of Physiotherapists

National Report of Physiotherapy Services in Afghanistan

Agency:................   Reporting Period: ....   Sign:.........................

No.	Clinics Center	Province	District	Physio Staff								Beneficiaries			
				PTTR		PTA		PT		PTT		Disabled		Non	
				M	F	M	F	M	F	M	F	M	F	M	F
1															
2															
3															
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14															
15															
16															
17															
18															
19															
20															
	Total														

Personal Information Form (PIF)

Annex -B

PIN	

For all positions

A. Survey/registration

Surveyer	name	PIN	
Date			
Location	Section	District	Province

B. Basic Details

Name			
Father mane			
Date of birth			
Sex	M	F	
Mariatal Status	Single	Married	Widowed
Disabled	Yes	No	

C. Position in CDAP

a. staff	Position	
b. Client	Group	
c. CV		
d. DPO mem		
e. CBRC/shora mem		

D. Address

Sub-village/Guzar	Main village/Nahia	Diostrict	Province

E. Education

Illiterate	Informal	Primary	Secondary	High school	Higher

F. Ocupation/Skill

1	2	3

G. Employment

on Job	
Jobless	

H. Family Status

Head of Family	Breadwinner	N. of family mem.	

Only for clients

I. Referred by

CDAP	NGO	GOV	COM	SELF

J. Service Priority

Priority 1	Priority 2	No need	
Prviouse service if any		Provider	

K. Need assement

First need	Second need	Third need

L. Service Status

Waiting	Undear service	Discharged

only for DP clients

M. Disability

	1	2
Type		
Subtype		
Under subtype		
Cause		
Date of disability(year)		

N. Social integration degree

Zero degree	in Family	in village	in wider com.
0	1	2	3

Annex – C

Guideline for formation of Afghan physiotherapy association

Prepared

By

Razi Khan Hamdard

March 2000

Physiotherapy in Afghanistan:

Background:

Physiotherapy has a relatively long history in westerns countries. This profession came into being after world war1, for the rehabilitation of the war victims. But it is a rather new profession in Afghanistan. About 17 years ago, Afghanistan had only 2 trained physiotherapists both of whom were trained overseas.
Now there are about 64 physiotherapists and 65 physiotherapy assistants trained by different NGOs and they are working with the government and different NGOs in the different parts of the country.

After nearly twenty years of war and its consequences throughout Afghanistan, a large proportion of the country's population has suffered a variety of physical disabilities. While some of these are a direct result of war injuries, such as traumas inflicted by mine blasts, the many years of fighting have also indirectly caused many other diseases. For instance, poliomyelitis and tuberculosis of the spine have noticeably increased.

Generally Cerebral palsy, head injuries, congenital deformities, spinal injuries, back problems, Amputation, fractures and delayed development of children due to malnutrition have also largely increased.

In the rehabilitation of all above problems and conditions, physiotherapists are playing a leading rule and provide very needy, effective and fundamental assistance and support to the rehabilitation team.

Definition of physiotherapy:

Physiotherapy is the treatment of injuries and disease by enhancing the body's own natural healing mechanism; it is painless in most cases and no drugs are used.

The main objectives of physiotherapy:

1. To rehabilitate all physically impaired persons of our country.

2. To take practical and most effective part in the prevention of all kinds of disabilities, secondary problems, carelessness, bad posture, lifting and carrying things, through awareness, training of the community workers and by means of local news and newspapers.

3. To develop linkages, coordination and cooperation with all the medical staff and organizations, and to be an active, necessary and more effective member of the medical staff locally as well as at the central level.

4. To familiarize our society and people with physiotherapy and to do advocacy for the right and recognition of physiotherapy as a most valuable profession in our country.

Physiotherapy centres in Afghanistan:

No	Location of physiotherapy centres	Supporting NGOs	No of centres	
			Male centres	Female centres
1	PT centres of Wardak province	CDAP/SCA	4	2
2	Logar	CDAP/SCA	2	2
3	Ghazni	CDAP/SCA	2	1
4	PHH, Mazar	MoPH	1	
5	Mazar province PT centres	CDAP/ SCA	4	3
6	Samangan Province PT centre	CDAP/ SCA	2	1
7	Kunduz Province PT centres	CDAP/SCA	2	1
8	Takhar Province PT centres	CDAP/ SCA	5	2
9	Badakhshan province PT cent	CDAP/ SCA	1	1
10	Herat province	CHA/MSF	1	
11	Herat province PT centres	CDAP	3	1
12	PHH, Herat Province	IAM/MoPH	1	1
13	Farah province PT centres	CDAP	3	3
14	Kandahar city G. Ortho institute	Guardian	1	1
15	Kandahar province PT centres	CDAP	5	4
16	Jalalabad Province PT centres	SGAA	1	1
17	Jalalabad province PT centres	AABRAR		1
18	PHH. Jalalabad	MoPH	1	
19	Kabul city	IAM/PSK	1	
20	Child. Hospital Kabul city	MoPH	1	1
21	Women Hospital Kabul	MoPH	1	
22	Karte 3 Hospital Kabul	MoPH	1	1
23	KJRC Kabul city	KJRC	1	1
24	ICRC Orthopaedic. W Kabul	ICRC	1	1
25	Paraplegic centre		1	1
26	Wazir Akber Khan Hospital	MoPH	1	1
27	SGAA, previous Work	MoPH		1
Grand total		8 Organisations	47 male PT centres	32 female centres

The following table indicates total physiotherapy personnel in Afghanistan.

No. of PTs in Afghanistan

Agency	Kabul		Herat		Mazar		Jalalabad		Kandahar		Wardak		Takhar		Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
SGAA							5	7							12
Guardian									2	1					3
CDAP	1		6	1	6				1		4		3		22
ICRC Ortho centre	2	1	1	1											5
KJRC	1	1													2
Child. HOS	2	1													3
WOM.HOS		1													1
KARTE3 HOS	1	2													3
PHH. Herat			3	4											7
IAM/PSK	2														2
CHA.MSF			1												1
AGAA. Previous. W		2													2
AABRAR								1							1
PHH. Jalalabad							1								1
G. Total	9	8	11	6	6		6	8	3	1	4		3		65

No. of PTAs in Afghanistan

Agency	Kabul		Herat		Mazar		Jalalabad		Kandahar		Wardak		Takhar		Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
SGAA							1								1
Guardians									2	4					6
CDAP			3	3	3	5			5	5	8	5	7	5	49
KJRC		3													3
KARTE3 HOS	2	2													4
PHH. Jalalabad							4								4
G. Total	2	5	3	3	3	5	5		7	9	8	5	7	5	67

Total PTs & PTAs	22	23	15	19	20	17	15	132

Total out put of the physiotherapy centres in the year of 1998

Category	CDAP/ SCA	CDAP/ CHA	CDAP/G uardian	AABRAR	SGAA	KJR C	IAM	ICR C	Guardi an	Total
Spinal cord injurie	168	57	12	0	95	209	0		148	689
Cerebral palsy	1153	566	38	0	240	112	0		182	2291
Hemiplegia	624	217	29	0	186		0		240	1296
PNI	209	36	7	0	70		0		61	383
Polio	1138	535	30	0	809	563	0	3200	402	6678
Amputee	1048	130	7	0	206		0	3000	460	4851
Spine TB	200	29	2	0	70		0		76	377
Arthritis	1007	235	5	0	206	221	0		251	1925
STI	468	292	2	0	115		0		163	1040
Old fracture	601	263	3	0	170		0		313	1350
Congenital defor	605	164	5	0	145	78	0		145	1142
Back/sciatic	3237	1051	18	0	965	219	0		300	5790
Others	334	192		0	115	143	0		1019	1803
Total	10797	3767	158	0	3392	1545	0	5200	3760	28619

Afghan Physiotherapy Association:

Introduction:

In the beginning of 1998, the physiotherapy personnel of Afghanistan felt that formation of the physiotherapy association will be very useful and effective in the way of improvement of the physiotherapy profession in the country. Therefore the first meeting was arranged on the 15 – 4-98 to discuss this issue and collect ideas of all physiotherapists. After a long discussion the participants unanimously agreed with the ideas of establishing the Afghan physiotherapy association. following the agreement the group decided to form a central level committee to start working on the basic requirements of the association, as the association was formally established on the same day (15-4-98) in the physiotherapy school of Kabul.

The entire house of physiotherapists of Afghanistan had 4 official meetings, and during those meetings they discussed all the different aspects of the association.

Purpose of the Association:

As we mentioned above, the physiotherapy profession is very new. At the present time most of the physiotherapists are working with NGOs under different rules and regulations, using different ways of treatments and there is no place by the name of physiotherapists in the government administrative structure. For solving all of these major problems we need to have an Association to work effectively and collectively for the improvement of physiotherapy as a profession and thus to render the necessary physiotherapy services in our country.

Objectives of the Association:

- To organize physiotherapy activities in the country.
- To standardize ways of working and techniques of treatment.
- To bring unity among the physiotherapists in the country.
- To co-ordinate and standardize activities of those NGOs working in the physiotherapy field according the needs of our community and country.
- To attain formal recognition by the authorities for PT profession and to find official place in the governmental administrative structure.
- To be prepared and self sufficient for working, if the NGOs left our country.
- To find more opportunities and to guide government and international NGOs in the recruitment of the PT personnel.
- To make all PT centres more accessible and functional for the rehabilitation of all those people of our country who may need the services.
- To promote and upgrade technical skills of all the physiotherapists.
- To develop relations and linkages with the world confederation of physical therapy (WCPT) and all other physiotherapy associations of the world.
- To represent the country in the world confederation of physical therapy (WCPT).
- To encourage assist and advice those NGOs who are working for the training of physiotherapists to train more physiotherapists in the country, according to the needs.

Activities of the physiotherapy association:

In the present time we do not have much to do. Because the association is new and still in its embryonic stage, but in future when we succeed to organize the association, then we will have the following activities:

1. Regular meetings among the physiotherapists at the central and regional levels. At both levels all PTs will discuss all the major problems and barriers lying ahead in the way of the improvement of the PT activities, and together they will be seeking finding solutions.

2. We will have training programme for upgrading and refreshment of the physiotherapists, and we will have in-service training programme in which all the physiotherapists will

share their knowledge and experience. During those workshops we will have case presentation regarding those who benefited from the physiotherapy services.

3. We will produce PT books, a Magazine, teaching materials, awareness materials, social messages and, etc in the field of physiotherapy.

4. We will be attending all health related meetings and workshops, and we will improve our relations with the other medical staff of our country and out-side the country.

5. We will control and supervise the PT activities to run effectively for the benefit of the disabled and non-disabled people, according the rules and regulations of the PT association. If any of the physiotherapists fail to follow the rules and regulations of the association, he/she will be held responsible.

6. We will be working in close relation with our government, and all the issues will be negotiated with the ministry of health and other concerned bodies of the government.

7. We will always work and bring it to the attention of all physiotherapists to follow all the Islamic rules and regulations in the day-to-day activities.

Member ship of the association:

We decided on two categories in the association one is full membership and one is sub member ship
The full member of the association must have 2 years of education in PT.
The sub member should have one years experience in the field of physiotherapy.

Office and premises:

We have office in the physiotherapy school of Kabul, but we do not have enough premises, and we hope to get it soon

Financial situation:

In the present time we are lack in budget, therefore our financial situation is quite meager better, but we hope to solve this problem in the near future. Because some of the NGOs have already promised us and we would also have monthly base contribution system from all physiotherapists, this monthly contributions will also help us in the solving some of our financial problems.

1. Introduction and Background

As a national disability program, CDAP with a number of other national and international NGOs working for the rehabilitation and integration of disabled and other marginalised people in Afghanistan, aims to develop a realistic and pragmatic disability policy and strategies which should lead to mainstream recognition of the rights and needs of the disabled people of this war devastated country.

The series of National Disability Workshops initiated in 1997 jointly by ACBAR and CDAP and later on joined by other sister NGOs serves as an effective vehicle to this end. The National Disability Workshop on *Building a Common Vision on Disability in Afghanistan* between 23-4 September, 1997 was the first step of this series.

In order to fulfil the tasks set by the first workshop, the Second National Disability Workshop was organized on *Physiotherapy Services and Orthopedic Technology in Afghanistan* at Pearl Continental Hotel February 16-18, 1998.

Agreeing on a guideline/framework for formulation of a national/interagency strategy for physiotherapy services and orthopedic technology in Afghanistan was the main objective of this workshop. This workshop led to second national workshop: held at the offices of IAM in Kabul, May 4-5 1998 on the same subject which resulted in a number of achievements in the areas of :

- Teacher training (Personnel Training and Development);
- Curriculum;
- National Recognition;
- Statistics;
- Geographical Coverage and Coordination; and
- Standardization for services.

The workshop, to achieve the set objectives, tasked two technical teams to follow up the decisions. Due to a disruption of almost two years it was a felt need to reconvene the tasks forces and realize the recommendations and objectives set out in the previous two national workshops. The third workshop of this series was finally arranged on 1-2 may 2000 at IAM Headquarters at Kabul city. This workshop was aimed to pave the way towards national coordination, standardization of services and improvement of quality.

2. Objectives

1. To identify and prioritize all training needs in physio and ortho sections.
2. To agree on common curricula for all levels in physio and ortho sections.
3. To design and agree on a joint action plan for training.
4. Obtain national recognition for all levels of physio and ortho professionals.
5. To seek ways for utilization of each others resources and expertise.
6. To formulate a common data collection tool and establish a mechanism for compilation.

3. Agenda

After preliminary discussion and need prioritization the following agenda was set for this workshop:

- Opening
- Review of 1st and 2nd National Workshops
- Guidelines for the two technical task forces of physio and ortho sections.
- Formation of task forces for both of the sections.
- Statistics and national data collection
- CBR strategy, strengths and weaknesses, adaptability in Afghanistan situation
- How to share resources and expertise

4. Opening

Commending the valuable input of the participant agencies and the work of the two technical taskforces in the previous workshops, Farooq Wardak National Program Manager UNDP/CDAP opened the workshop and highlighted the achievements in the past and factors for a two-year break in the process of this national endeavor. On the part of CDAP, he explained the major reason for this break was the vacancy of the two key positions of orthopedic and physiotherapy officers.

Farooq went on to say that Afghanistan needs from us a more coordinated action in order to do much with little resources. He emphasized that we must push to wards a more unified and nationalize approach in helping the disabled men, women and children. They have not to and can not wait longer for our decisions and delayed actions. Disability is a national problem, thus should not be dealt with in an isolated and sporadic manner.

5. Review of 1st and 2nd National Workshops

a. Physiotherapy Section

Mr. Razi Khan Hamdard, Program officer for physiotherapy, UNDP/CDAP led the discussion on the review of the results of the previous two national workshops in the field of physiotherapy services in Afghanistan:

Review of the decision made in the first and second national workshop

No	Issues	Agreement	Future plan
1	PT staff level	PT T, PT, PTA	
2	Entry qualification	14, 12, 12 and 9 class graduates	
3	Basic competencies for PTT, PT, PTA	Agreed , see minutes of the 1st and 2nd workshops	
4	Staff requirement	CDAP: 2* 346 districts IAM 500 PT + PTA , 30-40 PTT	All agencies should identify their needs
5	Curriculum	1. 2-year curriculum was agreed. 2. PTT curriculum is in the draft 3. PTA curriculum is not finalized	To be finalize and agreed
6	Recruitment criteria for PTA, PT, and PTT	Were agreed. See minutes of the 1st and 2nd workshop	To be followed by all
7	National recognition	Task force was formed	To be followed
8	Geographical coverage	– Student selection – Needs analysis – Referral mechanism – Coordination/ duplication – Sustainability – Philosophy of work – Employment opportunities – Urban rural needs – Supporting home based activities	We need to finalize this issue
9	Statistics	No clear understanding	National data collection system is needed

New Issues in the physio sector

No	*New issues*	*Action needed*
1	Charges on non disabled patient	We should see positive and negative aspects of this issue and agree on some thing
2	Training facility	1. What training is going on? 2. What training is in plan? 3. Where, when and by whom will the training be? 4. How many students will be enrolled?
3	Sharing resources	1. What resources are available? 2. How to share them?
4	Standardization and quality improvement	How?
5	Vision on the current situation of physiotherapy association	1. The concern organizations should support PT association administratively and financially. 2. Recognition of the association by authorities and WCPT. 3. All PT personnel should be allowed to participate in the Association meeting centrally and regionally.
6	Common reporting format	Agree on format and mechanism

Physiotherapy Personnel In Afghanistan

Upgrading /Training Needs

level	*Total*	*Agencies*										*Upgrading to*	*Training need*	*Action*
		CDAP	IAM	SGAA	Guardians	AARAR	ICRC	KJRC	MoPH	MCI	MSF			
PT Trainee	**12**	12					?	?				**PTA and then to PT level**	**Basic and upgrading training**	**1. National training plan to be made** **2. Identification of resources.** **3. How we can coordinate and utilize the available resources** **4. Who should be responsible to coordinate the resources and all facilities.**
PTA	55	39		1	6			3	6			PT	Upgrading	The same action as above
PT	**42**	11		11	2	1	4	2	10		1	**PTT, but not all**	**For some of them PTTT**	**To be organized by IAM**
PTT	23	11	2	1	1		2		5	1		To be utilizes	Extra skills or advance training	1. We should invite specialists from other countries. 2. We should send them to the neighboring countries 3. We should utilize them
G. Total	**132**	73	2	13	9	1	6	5	21	1	1			

Afghan Physiotherapy personnel working in Pakistan.

Level	Total	Agencies					Upgrading to	Training need	Action
		MCI	MRCA	PRCS	KJRC	JAP			
PT trainee	4			4					
PTA	10		3	7					
PT	1		1						
PTT	1	1							
G. Total	16	1	4	11					

The following table indicates out put of all NGOs working for the training of physiotherapists

Name of the organization	Training done			Total
	PT trainee	PTA	PT	
International assistance mission (IAM)			31	31
Sandy Gall's Afghanistan Appeal (SGAA)	5	33	17	55
Handicap International (HI)		5		5
Guardians		17		17
Comprehensive Disabled Afghan Program (CDAP)	11			11
SERVE		5		5
ICRC Peshawar		5		5
Combine between IAM and SGAA			9	9
Combine between IAM and HI			5	5
Combine between ICRC Kabul and IAM			3	3
Grand Total	16	65	65	146

3rd National Workshop

Physiotherapy Services and Orhopaedic Technology in Afghanistan

1- 2 May 2000, Kabul



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